ROCKY KNOLL HEALTH CARE FACILITY

N7132 ROCKY KNOLL PARKWAY

PLYMOUTH 53073 Phone: (920) 893-6441 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 158 Yes Number of Residents on 12/31/02: Average Daily Census: 124

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care	No	   Primary Diagnosis	%   Age Groups		ે	Less Than 1 Year	52.6
Supp. Home Care-Personal Care	No					1 - 4 Years	24.0
Supp. Home Care-Household Services	No	Developmental Disabilities	3.9	Under 65	24.0	More Than 4 Years	23.4
Day Services	No	Mental Illness (Org./Psy)	28.6	65 - 74	14.3		
Respite Care	Yes	Mental Illness (Other)	34.4	75 - 84	26.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	30.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.2	95 & Over	5.2	Full-Time Equivalen	nt
Congregate Meals	No	Cancer		Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	1.9		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	5.2	65 & Over	76.0		
Transportation	No	Cerebrovascular	4.5			RNs	12.3
Referral Service	No	Diabetes	1.3	Sex	용	LPNs	7.8
Other Services	No	Respiratory	1.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	15.6	Male	40.9	Aides, & Orderlies	49.6
Mentally Ill	Yes			Female	59.1		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	293	103	92.8	119	0	0.0	0	30	85.7	145	0	0.0	0	0	0.0	0	140	90.9
Intermediate				8	7.2	96	1	100.0	108	5	14.3	145	0	0.0	0	0	0.0	0	14	9.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		111	100.0		1	100.0		35	100.0		0	0.0		0	0.0		154	100.0

ROCKY KNOLL HEALTH CARE FACILITY

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	9	As	sistance of	% Totally	Number of					
Private Home/No Home Health	7.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	1.9	Bathing	16.9		44.8	38.3	154					
Other Nursing Homes		)	28.6		39.6	31.8	154					
Acute Care Hospitals	26.2	Transferring	40.3		33.8	26.0	154					
Psych. HospMR/DD Facilities	57.9	Toilet Use	31.8		37.7	30.5	154					
Rehabilitation Hospitals	0.0	Eating	60.4		21.4	18.2	154					
Other Locations	0.9	*******	*****	*****	******	*******	*****					
Total Number of Admissions	107	Continence		%	Special Treatm	nents	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.2	Receiving Re	espiratory Care	7.8					
Private Home/No Home Health	16.9	Occ/Freq. Incontiner	nt of Bladder	55.8	Receiving Tr	racheostomy Care	0.6					
Private Home/With Home Health	5.1	Occ/Freq. Incontiner	nt of Bowel	42.2	Receiving Su	actioning	1.3					
Other Nursing Homes	5.1				Receiving Os	stomy Care	5.8					
Acute Care Hospitals	1.7	Mobility			Receiving Tu	ıbe Feeding	7.1					
Psych. HospMR/DD Facilities	3.4	Physically Restraine	ed	4.5	Receiving Me	chanically Altered Diets	30.5					
Rehabilitation Hospitals	1.7	1			-	-						
Other Locations	3.4	Skin Care			Other Resident	Characteristics						
Deaths	62.7	With Pressure Sores		7.1	Have Advance	e Directives	76.6					
Total Number of Discharges		With Rashes		9.1	Medications							
(Including Deaths)	59	I			Receiving Ps	sychoactive Drugs	74.0					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:		Size:		ensure:		
	This	This Gov		100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	9	90	Ratio	olo	Ratio	90	Ratio	olo	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.5	83.8	1.20	85.7	1.17	85.3	1.18	85.1	1.18
Current Residents from In-County	87.7	84.4	1.04	81.9	1.07	81.5	1.08	76.6	1.14
Admissions from In-County, Still Residing	73.8	35.0	2.11	20.1	3.68	20.4	3.62	20.3	3.64
Admissions/Average Daily Census	86.3	74.2	1.16	162.5	0.53	146.1	0.59	133.4	0.65
Discharges/Average Daily Census	47.6	75.8	0.63	161.6	0.29	147.5	0.32	135.3	0.35
Discharges To Private Residence/Average Daily Census	10.5	24.2	0.43	70.3	0.15	63.3	0.17	56.6	0.19
Residents Receiving Skilled Care	90.9	86.6	1.05	93.4	0.97	92.4	0.98	86.3	1.05
Residents Aged 65 and Older	76.0	83.9	0.91	91.9	0.83	92.0	0.83	87.7	0.87
Title 19 (Medicaid) Funded Residents	72.1	76.6	0.94	63.8	1.13	63.6	1.13	67.5	1.07
Private Pay Funded Residents	22.7	17.1	1.33	22.1	1.03	24.0	0.95	21.0	1.08
Developmentally Disabled Residents	3.9	3.2	1.21	0.9	4.25	1.2	3.30	7.1	0.55
Mentally Ill Residents	63.0	56.1	1.12	37.0	1.70	36.2	1.74	33.3	1.89
General Medical Service Residents	15.6	14.6	1.07	21.0	0.74	22.5	0.69	20.5	0.76
Impaired ADL (Mean)	46.9	49.6	0.94	49.2	0.95	49.3	0.95	49.3	0.95
Psychological Problems	74.0	61.4	1.21	53.2	1.39	54.7	1.35	54.0	1.37
Nursing Care Required (Mean)	8.7	6.4	1.36	6.9	1.25	6.7	1.29	7.2	1.21